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Date of Signature and Deposit: January 19, 2006

*Ann E. Rabe*  
Ann E. Rabe, Reg. No. 56,697

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Baskaran Chandrasekar, et al.  
Application No. 10/088,405  
Filing date: 07/24/2002  
Title: LOCAL DELIVERY OF 17-BETA ESTRADIOL FOR PREVENTING VASCULAR INTIMA HYPERPLASIA AND FOR IMPROVING VASCULAR ENDOTHELIUM FUNCTION AFTER VASCULAR INJURY  
Examiner: Cotton, Abigail Manda  
Art Unit: 1617

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Commissioner:

Pursuant to 37 CFR 1.97-1.98, Applicant is submitting a listing of documents on Form PTO-1449.

The submission of the listed documents is not intended as an admission that any such document constitutes prior art against the claims of the present application. Applicants do not waive any rights to take any action that would be appropriate to antedate or otherwise remove any listed document as a competent reference against the claims of the present application.

Applicants respectfully request that the listed documents be considered by the Examiner, be made of record in the present application and that an initialed copy of Form PTO-1449 be returned in accordance with MPEP § 609.

Please charge all applicable fees associated with the submittal of this Information Disclosure Statement to Deposit Account No. 17-0055.

01/25/2006 LWONDIM1 00000002 170055 10088405  
01-FG-2252 225.00 DQ

Respectfully submitted,

Baskaran Chandrasekar, et al.

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**Substitute for form 1449/PTO**

## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

**(Use as many sheets as necessary)**

Sheet 1 of 2

Complete if Known	
Application Number	10/088,405
Filing Date	July 24, 2002
First Named Inventor	Baskaran Chandrasekar
Art Unit	1617
Examiner Name	COTTON, Abigail Manda
Attorney Docket Number	201267.90011

**U. S. PATENT DOCUMENTS**

## **FOREIGN PATENT DOCUMENTS**

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)				
		~				

<b>Examiner Signature</b>		<b>Date Considered</b>	
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<sup>1</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>2</sup>Applicant's unique citation designation number (optional). <sup>3</sup>See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>4</sup>Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>5</sup>For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>6</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>7</sup>Applicant is to place a check, mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND

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<p><b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b></p> <p><i>(Use as many sheets as necessary)</i></p>				<b>Complete if Known</b>	
<p>Substitute for form 1449/PTO</p>				Application Number	
				Filing Date	
				First Named Inventor	
				Art Unit	
				Examiner Name	
Sheet	2	of	2	Attorney Docket Number	

## **NON PATENT LITERATURE DOCUMENTS**

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

**1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.**

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